U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

DRO /					
1. File Number U -	2. Fiscal Year Covered From:				
25098	1 / 1 / 2005 Through: 12 / 31 / 2005				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name STEVEN A MCFARLANE	Name OPERATING ENGINEERS LOCAL310				
	Labor Organization File Number 016-951				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. BOX 8323				
Street 3453 ELMTREE ROAD	Street 1250 RADISSON STREET				
City GREEN BAY	City GREEN BAY				
State Wisconsin ZIP Code + 4 54313-8340	State Wisconsin ZIP Code + 4 54308-8323				
5. Position in labor organization.					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed HANA A. M. E. Lucas	On 03/19/2006 (920)865-7455				
30000	Date Telephone Number				

Name of Person Filing STEVEN MCFARLANE	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name MAC ENTERPRISES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3453 Elmtree Road City GREEN BAY State Wisconsin ZIP Code + 4 54313-8340	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name WISCONSIN PUBLIC SERVICE CORPORATION Trade Name, if any: P.O. Box, Bidg., Room No., if any P.O. BOX 19003	11.a. Nature of such dealing. MAC ENTERPRISES (FEDERAL I.D. 20-2356402) SOLE OWNER MARY ANNE MCFARLANE (SPOUSE) IS INGAGED AS A VENDER IN LIGHT MANUFACTURE OF COMPONENTS TO DELIVER NATURAL GAS.				
Street 700 N. ADAMS STREET City GREEN BAY State Wisconsin ZIP Code + 4 54307-9003	11.b. Approximate dollar value of such dealing. \$8,895 12.a. Nature of interest held or income received.				
	12.b. Amount.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) y or other thing of value. 14.a. Nature of payment.				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City					
State ZIP Code + 4	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant ?					

Name of Person Filing STEVEN MCFARLANE	File Number U-	

Part & Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MAC ENTERPRISES	💢 a. Labor Organization	
Trade Name, if any: MAC ENTERPRISES MAC EMBROIDERY	المستا	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 3453 Elmtree Road	c. Employer	
City GREEN BAY		
State Wisconsin	443	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Operating Engineers Local 310	MAC ENTERPRISES (FEDERAL I.D. 20-2356402) SOLE OWNER MARY ANNE McFARLANE (SPOUSE) IS INGAGED AS A	
Trade Name, if any:	VENDER TO OPERATING ENGINEERS LOCAL EMBROIDERED ITEMS SUCH AS HATS, SHI	RTS AND JACKETS.
P.O. Box, Bldg., Room No., if any P.O. Box 8323		
Street 1250 Radisson Street		1
City GREEN BAY		
State Wisconsin ZIP Code + 4 .54308-8323	11.b. Approximate dollar value of such dealing.	\$175
	12.a. Nature of interest held or income received.	
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	12.b. Amount.	